

215040636
62639

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

| | | | | | | |
|--|---------------------------------|---|--|---|--|--------------------------------|
| 2 | Total Number of Vehicles | Local No./ District 087 | Agency Case No. B5-092122 | HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | L 1 |
| A/1 | DATE OF ACCIDENT | M M / D D / Y Y Y Y S M T W T H F S 10/03/2015 | | TIME OF ACCIDENT 0245 | STATE USE ONLY | |
| A/2 | PLACE OF ACCIDENT | COUNTY Lancaster | CITY Lincoln | POLICE NOTIFIED 1638 | 10/04/2015 | |
| B | ROAD ON WHICH ACCIDENT OCCURRED | STREET/ HIGHWAY NO. S 8th ST | | PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | LATITUDE | |
| C | DISTANCE FROM MILEPOST | FEET | N S E W OF MILEPOST | HIGHWAY NO. | LONGITUDE | |
| D | IF AT INTERSECTION | | IF NOT AT INTERSECTION | | | |
| 1 | NAME OF INTERSECTING ROADWAY | | <input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES | N S E W | OF NEAREST STREET, BRIDGE, RAILROAD CROSSING | |
| V1/M | 20 | | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN | | | |
| V2/M | 20 | | MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN | | | |
| E | R. WORK ZONE CODES | R1 R2 R3 R4 | S. PEDESTRIAN CLASSIFICATION CODES | S1 S2 S3 S4 S5-a S5-b S6-a S6-b | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 2 | VEHICLE NO. 1 | | | | | |
| F | DRIVER LICENSE NO. | STATE (Of License) | | | SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE | |
| V1/N | 1 | DRIVER | PHONE | LOCAL NO. | | |
| V2/N | 1 | DRIVER ADDRESS | CITY, STATE, ZIP | DATE OF BIRTH (MM / DD / YYYY) | | |
| G | 2 | OWNER | PHONE | LOCAL NO. | | |
| H | 5 | OWNER ADDRESS | CITY, STATE, ZIP | CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | CITATION NO. | |
| V1/O | 5 | LICENSE PLATE NO. | YEAR | MAKE Oldsmobile | MODEL Cutlass | BODY STYLE Other |
| V2/O | 2 | VEHICLE | YEAR | MAKE Oldsmobile | MODEL Cutlass | BODY STYLE Other |
| I | 1 | VEHICLE ID NO. (VIN) | INSURANCE COMPANY | | | |
| V1/P | 8 | VEHICLE | YEAR | MAKE Oldsmobile | MODEL Cutlass | BODY STYLE Other |
| V2/P | 8 | VEHICLE ID NO. (VIN) | INSURANCE COMPANY | | | |
| J | 01 | VEHICLE | YEAR | MAKE Oldsmobile | MODEL Cutlass | BODY STYLE Other |
| V1/Q | 4 | VEHICLE ID NO. (VIN) | INSURANCE COMPANY | | | |
| V2/Q | 4 | VEHICLE | YEAR | MAKE Oldsmobile | MODEL Cutlass | BODY STYLE Other |
| K | 01 | VEHICLE ID NO. (VIN) | INSURANCE COMPANY | | | |
| Complete this section for all injured persons (Complete a continuation report, if more than three were injured) | | | | | | DATE OF BIRTH (MM / DD / YYYY) |
| VEH. # | NAME | ADDRESS | LOCAL NO. | MEDICAL FACILITY NAME | EMS SERVICE NAME | EMS RUN REPORT NO. |
| VEH. # | NAME | ADDRESS | LOCAL NO. | MEDICAL FACILITY NAME | EMS SERVICE NAME | EMS RUN REPORT NO. |
| VEH. # | NAME | ADDRESS | LOCAL NO. | MEDICAL FACILITY NAME | EMS SERVICE NAME | EMS RUN REPORT NO. |

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092122



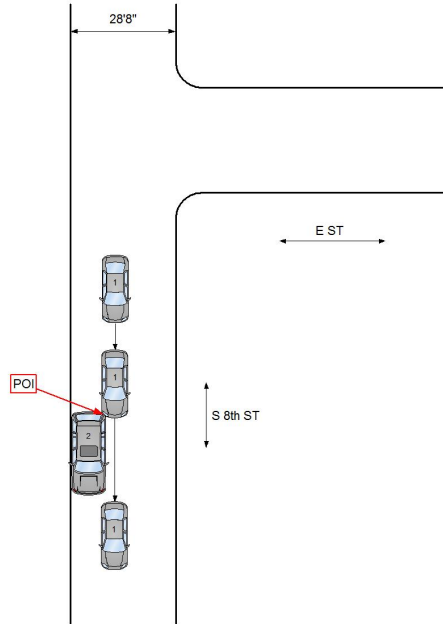
Indicate
North
by Arrow



POI: 105'6" S of S of E ST
6'8" E of W of S 8th ST

Damage: 11"-35.5" AGL

Sketch not to scale.
All measurements approximate.



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V2 was legally parked facing SB on the West side of S 8th ST. The owner's son, who is the primary driver of V2, said that two of his friends woke him up at approximately 0245 hours on 10-03-2015 and told him that another car had hit his parked vehicle. The two friends were on the porch at the time and told the owner's son that V1 was driving SB on S 8th ST when it collided with V2. V1 continued traveling SB on S 8th ST after the collision. The two friends told the owner's son that the vehicle appeared to be gray/silver. A Cutlass emblem was discovered near V2 and is believed to have fallen off of V1 as a result of the collision. The damage to V2 measured between 11" and 35.5" AGL. There was no information for a possible license plate for V1 or a possible description for D1.

Report completed by Pinnow 1755

| | | | | | |
|-----------|----------------|------------|---------|-------|------------------------------|
| PROPERTY | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE \$ |
| | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE \$ |
| WITNESSES | NAME | ADDRESS | PHONE | | |
| | NAME | ADDRESS | PHONE | | |

| VEHICLE MOVEMENT BEFORE COLLISION | | | | POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle) | | | | AIRBAG DEPLOYED VEHICLE 1 | | | | RESTRAINT USE VEHICLE 1 | | | | TOTAL OCCUPANTS | | | | | | |
|-----------------------------------|----|---|---|---|----------------------------------|-------------------|----|---------------------------|----|----|--|-------------------------|--|--|--|-----------------|--|--|--|--|--|--|
| VEH NO. | N | S | E | W | ROAD OR HIGHWAY NAME | VEHICLE 1 | | VEHICLE 2 | | | | | | | | | | | | | | |
| 1 | | X | | | S 8th ST | POINT OF IMPACT | 03 | POINT OF IMPACT | 07 | | | | | | | | | | | | | |
| 2 | | X | | | S 8th ST | MOST DAMAGED AREA | 03 | MOST DAMAGED AREA | 07 | | | | | | | | | | | | | |
| 1 | 01 | | | | 06 Turning left | 00 None | | 02 | 03 | 04 | | | | | | | | | | | | |
| 2 | 10 | | | | 08 Entering traffic lane | 09 Top & windows | | 01 | | 05 | | | | | | | | | | | | |
| | | | | | 01 Essentially straight ahead | | | | | | | | | | | | | | | | | |
| | | | | | 02 Backing | | | | | | | | | | | | | | | | | |
| | | | | | 03 Changing lanes | | | | | | | | | | | | | | | | | |
| | | | | | 04 Overtaking/Passing | | | | | | | | | | | | | | | | | |
| | | | | | 05 Turning right | | | | | | | | | | | | | | | | | |
| | | | | | 09 Leaving traffic lane | | | | | | | | | | | | | | | | | |
| | | | | | 10 Parked | | | | | | | | | | | | | | | | | |
| | | | | | 11 Slowing or stopped in traffic | | | | | | | | | | | | | | | | | |
| | | | | | 12 Other | | | | | | | | | | | | | | | | | |
| | | | | | 13 Unknown | | | | | | | | | | | | | | | | | |

| | | | |
|--|-----------------------------|---|--|
| OFFICER NO. 1662 | TROOP/TEAM/BEAT 7 | DEPARTMENT Lincoln Police Department | Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| INVESTIGATOR NAME (Print or Type) Dustin Romshek | | INVESTIGATOR SIGNATURE Approved by Officer Dustin Romshek | DATE OF REPORT 10/04/2015 |